



London OPD Community Services

2020/21 Procurement

NHS England and NHS Improvement working in partnership with HM Prison & Probation Service







Welcome

- Introductions to the OPD team
- House keeping
- Networking





Agenda

- Overview of OPD
- London OPD
- Feedback from the consultation
- The four Lots
- Procurement process
- Q &A





Purpose of the day

- Present our vision for OPD community-based services in London from 2020/21
- Present our findings from market engagement activities
- Describe the individual procurement lots
- Describe next steps and timelines
- Further consultation of the Market





Glossary

- OPD Offender Personality Disorder
- PIPE Psychologically Informed Planned Environment
- HASS Housing and Accommodation Support Service
- HMPPS Her Majesty's Prison and Probation Service
- NHSE NHS England
- DSPD Dangerous and Severe Personality Disorder
- BAME Black and Minority Ethnic
- AP Approved Premises
- LPP London Pathways Partnership
- IIRMS Intensive Intervention & Risk Management Services
- MMSA Medication to Manage Sexual Arousal
- Core OM-OPD service joint Probation/Health service that provides case identification, consultation, formulation, joint case work and workforce development
- MSU medium secure unit
- LDU Local Delivery Unit Probation





Offender Personality Disorder (OPD) programme

- Successor to the Dangerous & Severe Personality Disorder programme
- Jointly funded, commissioned pathway of services delivered by HMPPS and NHS England
- Four high level outcomes:
 - Improved public protection
 - o Improved psychological health, wellbeing, pro-social behaviour and relational outcomes
 - o Improved competence, confidence and attitudes of staff
 - Increased efficiency, cost effectiveness and quality.
- From 2018/19 pooled funding of £80.3m (nationally)
- The target group for the pathway is people who have committed serious offences and who are likely to meet the criteria to be diagnosed with 'personality disorder.'
- Services include improved and earlier identification, risk assessment, planning and case management; new treatment services in prisons and community environments; new progression environments in prisons and approved premises (PIPEs)
- All underpinned by workforce development; involvement; research & evaluation; and enabling environments.





Key Principles

- There is shared ownership, joint responsibility and operations, and partnership working principally between the NHS and the CJS.
- There is a whole system, community-to-community pathway.
- Offenders are primarily managed through the criminal justice system, with the lead role held by Offender Managers.
- Treatment and management is informed by a bio-psychosocial approach, in which individual's development is understood.
- All services adopt a relational approach.
- Staff have shared understanding and clarity of approach.
- The pathway is sensitive and responsive to individual needs, including gender, protected and offence characteristics.
- Service users, where directly engaged on the pathway, have clarity of approach.
- There is meaningful service user involvement, in design, delivery, review, performance management and evaluation of services.
- Ruptures and setbacks should be anticipated, understood and responded to; as part of a formulation-based approach
- All will commit to shared learning, as evidence and good practice arises.
- Services will be developed in line with the model and using an evidence-based approach, where evaluation continually informs services.







A pathway of services

Quality standards -[Q5] Screened-in individuals move through a pathway of connected services that are identified in their pathway/sentence plan

Transitions are relationally focused and psychologically informed

Information is shared between the OPD service and receiving staff/practitioners to support transition.

At all stages, plans for individuals are in place for the next step on the pathway.

Plans are in place to enable appropriate follow-up of individuals who either complete or disengage with services.





[E1] The environment in



Enabling Environment Definition

An environment which is meeting all the Enabling Environments values identified as playing a key role in promoting positive psychosocial relationships (see **Enabling Environments Standards** 2019).





NHS

Involvement



Quality Standards 19/20

[V1] The service promotes and facilitates authentic involvement throughout system design and delivery

[V2] Involvement approaches actively consider the impact for service beneficiaries

The service provides a framework for meaningful involvement that is understood by service participants, staff and other relevant stakeholders.

Staff and service participants are encouraged and enabled to consider and address individual-level needs and issues, as well as service level and pathway level issues.

Staff and service participants are encouraged and enabled to contribute to policy decisions on a local, regional and national level.

Screened-in individuals are actively involved in the design and ongoing direction of all elements of their pathway.

Staff and service participants are encouraged and enabled to contribute to the design, delivery & dissemination of research and evaluation, on a local, regional and national level.

Involvement activity provides opportunities to develop transferable skills.

Involvement activity takes into account issues of risk and need.

Appropriate consideration is given to victims and public perception in the design and delivery of involvement activity.





OPD involvement survey 2019 - Highs and Lows

83% of services report that staff are supported to facilitate involvement activities

79% of service set clear boundaries for all involvement activities

79% of services plan involvement activities with sensitivity to issues around victims and public Protection

37% of services have processes in place to involve hard to reach disengaged and underrepresented groups

33% of services have a process in place to monitor and evaluate the impact of involvement work

30% of services use a peer review process which includes service users, to evaluate the service





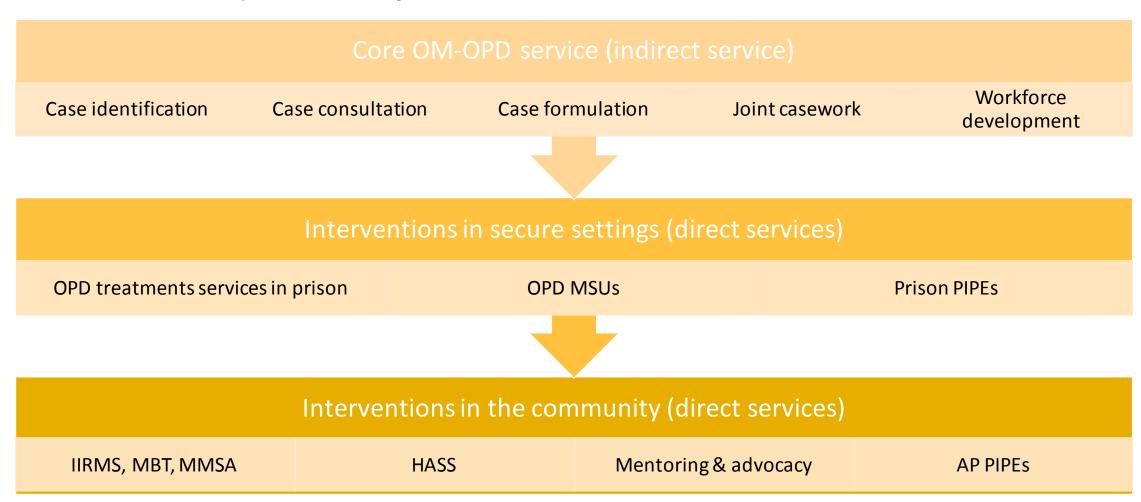
Service evaluation

[D2] The service undertakes Research and Evaluation to explore and demonstrate its effectiveness and impact on OPD outcomes





The OPD pathway







The London OPD pathway

Case Case identification consultation

Case formulation

Joint casework

Workforce development



Interventions in secure settings (direct services)

OPD treatment services in prison

OPD MSUs

Prison PIPEs



Interventions in the community (direct services)

IIRMS, MBT

HASS

Mentoring & advocacy

AP PIPEs

Core OM-OPD service delivered pan-London by LPP and NPS London – with subcontracts to Women in Prison, SOVA and First Step Trust

- London Pathways Unit at HMP Brixton and Enhanced Support Service at HMP Pentonville
- Access to OPD prison treatment services in other regions
- Two OPD MSUs (Millfields & Waddon)
- No Prison PIPEs (but access in other regions)
- Three IIRMS (NE, SW, SE)
- Two HASS (Brixton & Brockley)
- Complex needs service for 15 women
- Volunteer mentoring for c.35 men
- No AP PIPEs





Intended benefits of this procurement

- Improve equity of access across the London region
- Commission an integrated pathway, which enables offenders to have seamless transitions and consistent relational experiences
- Support staff recruitment and retention
- Maximise value for money
- Ensure equality of access for offenders, regardless of offending type, age, ethnicity, gender and other protected characteristics
- Commission truly joint operations involving health and criminal justice partners, as well as specialist third sector housing & accommodation / mentoring & advocacy partners
- Commission psychologically-informed services, that will work towards achievement of the Enabling Environment Award
- Increase the impact on public protection through direct work with high priority cases





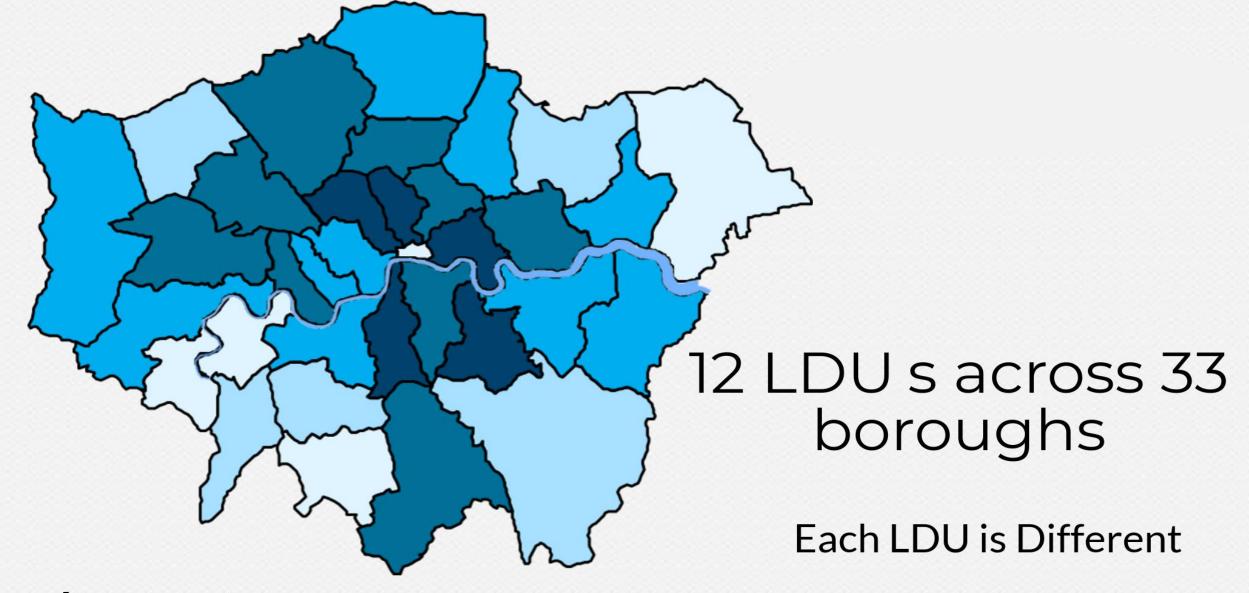
LONDON KEY FACTS

As at 31st March 2019:

- 17,323 people managed by NPS London Division (659 women and 16,664 men)
- 4,910 people screened in to the OPD pathway (183 women and 4,727 men).

Of the 4,910 people screened in to the OPD pathway...

- 55% of men have a violent offence; 72% of women
- 17% of men have a sexual offence; 6% of women
- 17% of men have a robbery offence; 12% of women
- c.60% have a determinate sentence; 14% indeterminate; 24% life; 2% community sentence
- 2/3rd in custody (inc. on recall) and 1/3rd in the community
- Majority are 'North of the River': London c.65% in North London; c. 35% in South London



1/6 of national OPD caseload are in London



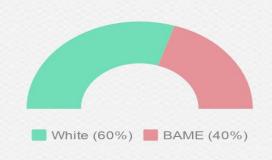


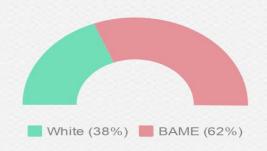
The needs and experience of specific groups ... BAME

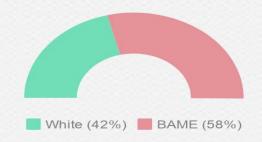
General population

NPS population

OPD screened in population







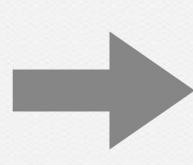
"The service actively monitors individual demographic and clinical characteristics and takes action to address inequalities."

OPD Quality Standards 19/20

White (42%) BAME (58%)

UNDER 30

(of London caseload)



Access to services



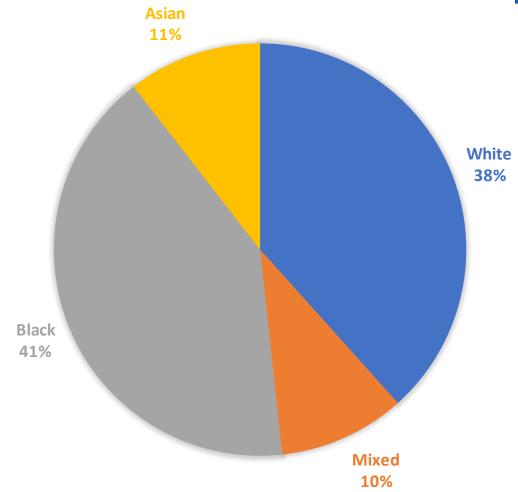
White & BAME groups equally engaged

White men more likely to engage in services





Ethnicity Breakdown of OPD screened in population







BAME specific services

- Current OPD data and research (Joliffe et al, 2017) indicates BAME males referred to the London OPD pathway were significantly less likely to commence services locally than white males
- Literature would suggest that these results are driven by people's views, beliefs and experience alongside systemic organisational issues such as the response of the workforce.
- But note in using term BAME, this is not one homogenous group and each individual's needs and concerns are likely to be different.
- "Present and former offenders are a crucial source of knowledge on 'what works' and can also offer a unique contribution as mentors or peer mentors in the CJS." (Young Review 2014)... this was with specific reference to young black and/or Muslim men.





Reasons identified for not engaging in services

- Stigma (including that of the label of personality disorder)
- Communication problems-language and terminology
- Stereotyping
- Cultural values
- Importance of belonging (the service does not represent something the individual wants to be a part of)
- Fear
- Not perceiving staff as understanding their needs (possibly due to different cultural backgrounds) and by negative past experience of engagement with services.
- Perception of racism from other service users and staff

A review of the literature highlighted that interventions targeting Black African and Caribbean men are most effective when rather than being help seeking are focused on "re-gaining control" (NHS England 2018).





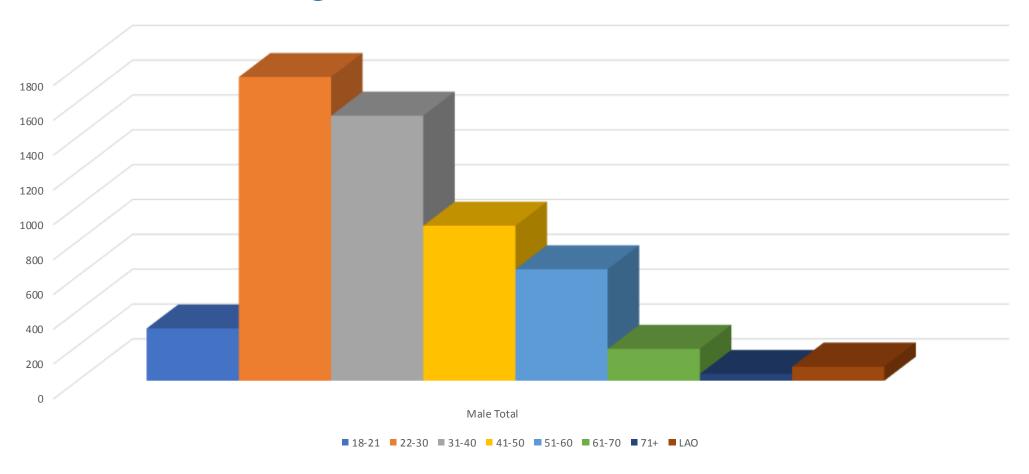
The needs and experience of different groups... young people

- Currently 313 aged 18-21 yrs. and 1808 aged 22-30 yrs. screened in to the OPD pathway in London
- Research by Joliffe et al (2017) found the average age for being screened in is 28.6 – service start 30.7
- Coid et al, (2013) found that there was a high prevalence of ASPD in gang members 85.3%
- 95% of 15 to 21-year-olds in custody were found to suffer from one mental disorder and 80% from at least two (Singleton et al. 1998).
- Less mature individuals were more likely to persist in offending, and those who desisted showed a faster growth in maturity than those who continued (Monahan et al 2009).





Screened in – ages – men



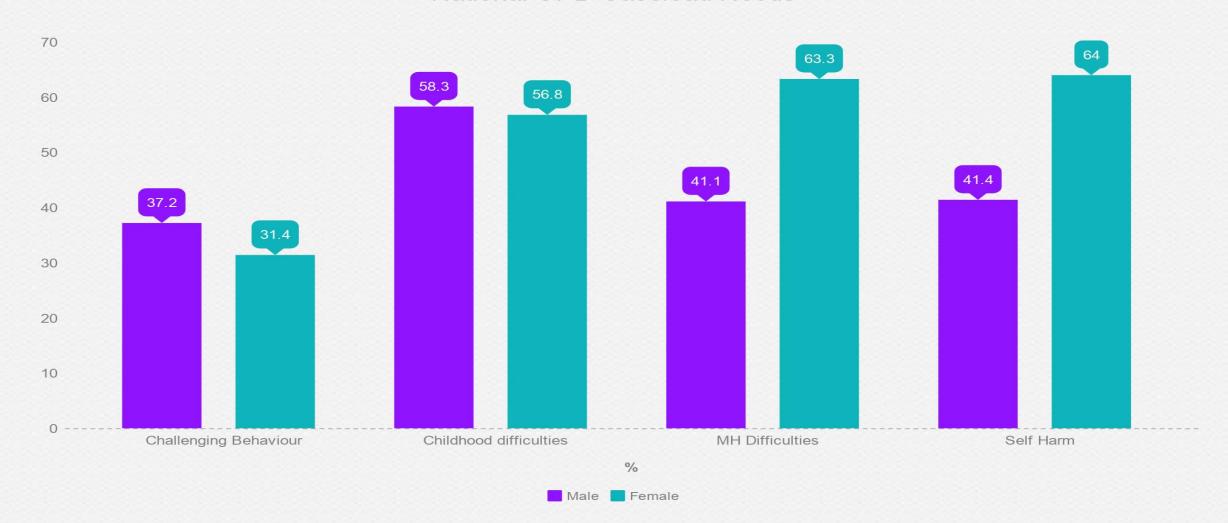




The needs and experience of specific groups ... Women

- Currently there are 183 women screened into the London pathway
- Women's pathways to offending and research highlight an interaction between unhealthy relationships, trauma, mental illness and substance abuse.
- The Corston Report found that women who have committed an offence require a multi-agency, woman-centred and holistic approach
- A key theme that has resonated throughout the process of implementing the Women's OPD strategy is how important stable and consistent staffoffender relationships
- We have made a commitment that all women identified for the women's OPD pathway should be able to access an independent, flexible, gendersensitive, needs-led, and highly individualised mentoring and advocacy service.

National OPD Caseload Needs





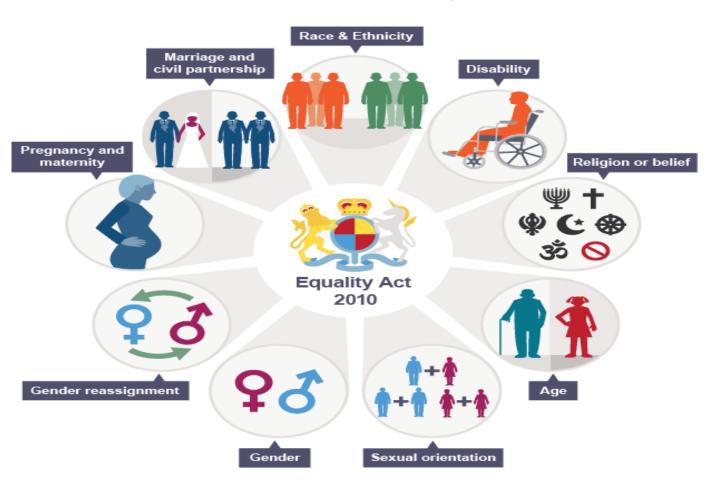


Recognition of intersectionality

Socioeconomic status

SEN

Offence type



Gang/Knife Crime

> Substance Misuse

Domestic Violence

7





Key themes from Consultation

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Consultation activities

- June 2018 London OPD Consultation event
- August 2018 WOPD event
- 27 Stakeholder questionnaires received from NPS 0 received from service users
- Five individual meetings with stakeholders
- Attendance at LPP service user forum to discuss procurement activity by commissioners
- Feb 2019 HASS event
- March 2019 M&A Event

Core OM-OPD and IIRMS feedback

| Key Themes Identified | Challenges Identified | Suggested Implementation actions in response to feedback (Procurement/Mobilisation/Delivery) |
|--|---|---|
| Catchment area/ Location | Pan London, accessible by public transport, lack of AP PIPE | All lots are being procured as pan-London, Development of women's AP |
| Staffing | Split posts of Psychology has not supported engagement with OM's, visibility/flexibility of staff | Allocation of staffing across services will feature as part of the ITT |
| Making service known and engage whole system | Many POs and PSOs were not aware of the range of services offered across the pathway | Specification and Procurement process focus on how the service will be mobilised and advertised Quality Standards 2019/20 |
| Location/service delivery | Stigma, fear and negative connection with forensic mental health have been barriers to engagement with interventions offered on secure hospital sites | Procurement process (ITT) will review the proposed location of service delivery to ensure it is accessible and non-stigmatising |
| Equality and Diversity | Do OPD services support people with protected characteristics to progress through the pathway? | Deep Dive undertaken Revised service specification language and procurement documentation Creation of Male and Female enhanced engagement & relational support services Quality Standards 2019/20 |

HASS feedback

| Key Themes Identified | Challenges Identified | Suggested Implementation actions in response to feedback (Procurement/Mobilisation/Delivery) |
|-----------------------|--|--|
| Length of stay | There needs to be flexibility to individual needs, some needing shorter or longer | Wording changed in specification – case by case discussion with commissioner |
| DDA compliance | Do properties need DDA compliant housing- if so how much? | In Line with the DDA, properties should be DDA compliant. |
| Size of properties | Service user feedback suggests that smaller residential placements support the transition from custody to community, particularly those who have served long sentences | To form part of the ITT |
| Pathwayplanning | Planning for release – there needs to be viable alternatives to open prisons and large approved premises | Procurement of Residential HASS will help address this gap. |
| | Lack of knowledge about housing entitlements/support | The specification and procurement process will focus on pathway planning and supporting our client group to access onward support with the knowledge and support of specialist providers. The Integrated Community Service (Lot 4) will include non-residential HASS provision (i.e. IAG around housing) |
| | Collaborative working at all stages with housing providers throughout the pathway was deemed central to the success of OPD. | Reflected in service specification and procurement process |
| | The need for floating support | Included within Integrated Community Service (Lot 4) |







HASS

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"Mentoring & advocacy"* feedback

| Key Themes Identified | Challenges Identified | Suggested Implementation actions in response to feedback (Procurement/Mobilisation/Delivery) |
|-----------------------|--|---|
| Language | Using terms such as mentoring and advocacy is confusing as different definitions across the field. | Change of name to "Enhanced Engagement and Relational Support Service" |
| Service Model | Using just volunteers or just paid staff was deemed limiting to enabling peer support roles. | A mixed model now forms the basis of our specification for male service, but female service will involve only paid staff, due to feedback around the complexity of women's needs. |
| Target client group | Specific services for targeted client groups. | Undertook Deep dive exercise focusing on ethnicity and age of OPD clients to support ITT process |

^{*} Formerly known as...







Enhanced engagement & relational support service

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Overall feedback on proposed service delivery model

its not just housing

Pan-London

Advocacy is too statutory, and too disempowering

actively look for partnerships

It's not important what we call it – the women just need to feel comfortable with it.

Concerns re geographical spread and location of the new service

risk management was the most important issue

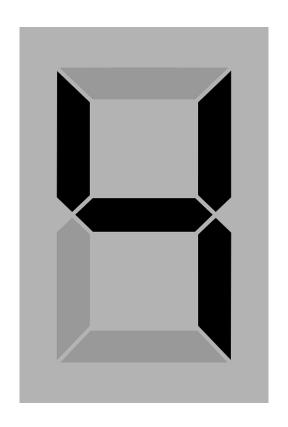
provider must be flexible... so that services are delivered at the time and place best suited to operational activity to maximise impact





The four Lots

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Lot 1: Male Residential Housing & Accommodation Support Service (HASS)

- Men only (a separate women's service is being piloted)
- Pan-London
- 2 Year with option for 2 year extension
- c.10 beds
- DDA-compliant
- Good public transport links





Lot 2: Female Enhanced Engagement & Relational Support Service

- 2 yr pilot
- To support up to 40 women
- Pan London





Lot 3: Male Enhanced Engagement & Relational Support Service

- 2 yr pilot
- To support up to 110 men
- Must include specific consideration of BAME men and younger men
- Pan London





Lot 4: Integrated Community Service

- 2yr + 2 yr extension
- A **Pan-London** service that integrates the following OPD service types:
 - Core OM-OPD Service
 - AP support
 - IIRMS
 - AP PIPE for women (location TBC)
 - Knowledge & Understanding Framework workforce development
 - MMSA
 - Clinical supervision for Residential HASS
 - Involvement hubs
- All elements are provided to men and women, except for AP PIPE, which is for women only
- All elements must include specific consideration of the needs of people with protected characteristics





| Service type | Specification | Guidance | Scope | Notes |
|--|---------------|----------|---|--|
| CORE OM-OPD | Yes | Yes | Pan-London. Men and women. | There are currently 17,323 people managed by NPS London Division, of whom 4,910 people are screened in to the OPD pathway (183 women and 4,727 men). |
| Integrated Intervention & Risk Management Service (IIRMS) | Yes | Yes | Pan-London. Men and women. | Expected caseload is c.160-200 individuals. |
| Mentalisation Based Treatment (MBT) | Yes | No | Pan-London. Men and women. | Expected to be one of the interventions offered as part of IIRMS. To date, as part of the MOAM Trial, MBT has been offered to men only. A women's group should be considered, if there is sufficient demand. |
| Medication to Manage Sexual Arousal (MMSA) | Yes | No | Pan-London. Men and women. | To date, only men have been offered MMSA, but women should be included, where there is a clinical need. c.15-20 |
| Clinical supervision for staff at residential Housing & Accommodation Support services (HASS) | No | No | It is estimated that there will be up to 20-25 staff in residential HASS services who will require clinical supervision from ICS. | Residential HASS for men is being procured as Lot 1. Residential HASS for women is being piloted at HerStory House in Brixton, south London. Nine staff at HerStory House require clinical supervision. The number of staff at the male HASS is not yet known. |





| Non-residential HASS | Yes | No | Pan-London. Men and women. | Provision of non-residential housing and accommodation support services, only where OPD-specific additionally is required over and above the service offered by the Pan-London Offender Service commissioned by NPS London Division. Therefore this element is expected to be very limited. |
|---|-----|-----|---|---|
| Knowledge & Understanding Framework (KUF) workforce development | Yes | No | Pan-London. All staff working with OPD screened-in individuals. | Must include 2-day KUF awareness and 4-day WKUF+ unless evidence is presented demonstrating that this is not required. |
| Approved Premises PIPE for women | Yes | Yes | Pan-London. | Not exclusive to screened-in individuals. Location to be confirmed by NPS London and due to become operational during 2019/20. |
| Involvement Hubs | No | No | Pan-London. Expect 1-2 Hubs. Provision for both men and women. | Hub locations to be accessible and inclusive. |





A note on Offender Management In Custody (OMiC)

- OMiC is an HMPPS change programme that will impact on the numbers of people subject to the Core OM-OPD element of ICS from September 2019 (case identification, consultation, formulation, pathway planning).
- OMiC transfers responsibility for the management of some offenders from the community into prison.
- Responsibility for OPD delivery mirrors the responsibility of the Offender Manager:
 - When the Prison Offender Manager (POM) is responsible, responsibility for the OPD service sits with HMPPS Psychology Services.
 - When the Community Offender Manager (COM) is responsible, **responsibility for the OPD service sits with the ICS provider.**
- POMs/ HMPS Psychology Services have responsibility for:
 - NPS prisoners with more than 10 months left to serve at point of sentence and determinate sentenced prisoners with discretionary early release by the Parole Board
 - NPS Indeterminate Sentence Prisoners whilst the prison Offender Manager is responsible (pre-tariff and when not in the parole window).
- COMs/ ICS provider have responsibility for:
 - All NPS prisoners with less than 10 months left to serve at point of sentence
 - After handover for NPS prisoners with more than 10 months left to serve at point of sentence and determinate sentenced prisoners with discretionary early release by the Parole Board whilst the community Offender Manager is responsible
 - During the Parole Window for NPS Indeterminate Sentence Prisoners whilst the community Offender Manager is responsible
 - All NPS Determinate Recalled prisoners.
- We do not yet have reliable figures for the number of people who will be in each of the two categories; bidders will need to be sufficiently flexible to respond to this uncertainty.



The procurement process

Natalie Polyblank

NHS England and NHS Improvement working in partnership with HM Prison & Probation Service





Imperatives

- Register on ProContract: https://procontract.due-north.com/register and Contract Finder: https://www.gov.uk/contracts-finder
- Read all of the ITT documentation, specifically the ITT Guidance and Draft Contract
- Read the ITT Guidance document and Specifications. It is impossible to achieve high scores unless you acknowledge and reference the local contextual information provided within responses
- Submit Clarification Questions (via ProContract). Please note the deadlines within the provisional timetable.



Key Features

- Based on "Open" Procedure
- Conducted online (via ProContract)
- Three Questionnaires:
 - Initial Eligibility
 - Generic Questions
 - Lot Specific Questions
- You will be asked to declare (when you submit your bids) what you are bidding for and what would be your preferences, should you be successful.
- There will be a minimum threshold score to achieve for all contracts. The detail will be provided within the ITT documents.



Key Features – Evaluation Criteria

| Sco | ore | Definition |
|-----|--------------------|---|
| 0 | Non-compliant | No response or partial response and poor evidence provided in support of it. Does not give the commissioner confidence in the ability of the Bidder to deliver the Contract. |
| 1 | Weak | Response is supported by a weak standard of evidence in several areas giving rise to concern about the ability of the Bidder to deliver the Contract. |
| 2 | Minor reservations | Response is supported by a satisfactory standard of evidence in most areas but a few areas lacking detail/evidence giving rise to some concerns about the ability of the Bidder to deliver the Contract. |
| 3 | Compliant | Response is good and supported by good standard of evidence. Gives the commissioner confidence in the ability of the Bidder to deliver the contract. Meets the Commissioner's requirements. |
| 4 | Very good | Response is comprehensive and supported by a high standard of evidence. Gives the Commissioner a high level of confidence in the ability of the Bidder to deliver the contract. Exceeds the commissioner's requirements in some respects. |
| 5 | Excellent | Response is very comprehensive and supported by a very high standard of evidence. Gives the Commissioner a very high level of confidence the ability of the Bidder to deliver the contract. Exceeds the Commissioner's requirements in most respects. |



Indicative timetable – subject to change

| Timing | Activity | | |
|---------------------------|--|--|--|
| 6 th June 2019 | Stakeholder workshop | | |
| June 2019 | Invitation to Tender (ITT) published | | |
| | Tender submissions close (5 weeks for responses) | | |
| September 2019 | Contracts awarded | | |
| Oct – April 2020* | Mobilisation | | |
| 1 April 2020 | Service commencement | | |

^{*}Subject to change to earlier date depending on provider responses.



Links and Steps Re-Cap

- All major procurements are conducted online using: <u>https://procontract.due-north.com/register</u>
- We advertise all procurements on Contracts Finder and OJEU/UK e-notification service: <u>https://www.gov.uk/contracts-finder</u> <u>http://www.ojeu.com/</u>
- If you are interested in participating in any of the contracts, it would be good to register on both free sites as soon as possible.
- NHS England will be using the Pro Contract procurement portal for this project and if you
 wish to bid —so must you!
- The portal is a web based product, there is nothing to download but you do need to register
- All the links and instruction can be found as part of the Contracts finder advert along with how to register





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2020/21 Procurement

Thank you for your participation

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